

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90031 002 ***138.75

60029499



DOCUMENT # L07000048409 1. Entity Name TRACY'S CLEANING AND LAWN CARE SERVICE LLC					
Principal Place of Business 7226 W COLONIAL DRIVE 419 ORLANDO, FL 32818 US			Mailing Address 5076 BARNEGAT PT RD ORLANDO, FL 32808 US		
2. Principal Place of Business - No P.O. Box # 5076 BARNEGAT PT RD		3. Mailing Address Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State		4. FEI Number 20-8980931	
Zip 32808		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, TRACY L 7226 W COLONIAL DRIVE 419 ORLANDO, FL 32818				7. Name and Address of New Registered Agent Name WATSON, TRACY L Street Address (P.O. Box Number is Not Acceptable) 5076 BARNEGAT PT RD City ORLANDO State FL Zip Code 32808	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: TRACY L WATSON, MANAGING MEMBER DATE: 2/28/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, TRACY L 7226 W COLONIAL DRIVE #419 ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, TRACY L 5076 BARNEGAT PT RD ORLANDO, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: TRACY L WATSON, MANAGING MEMBER			Date: 2/28/08 Daytime Phone #: 321-239-9939		